

1998 Annual Report for the Children

Health Insurance Program

State of Alabama

January 30, 1999

I. STATE PLAN OPERATION INFORMATION

A. Overview

The State of Alabama is pleased to be the first state to have their Children's Health Insurance Program (CHIP) plan approved by the Health Care Financing Administration (HCFA). Phase I of our plan, which consisted of expanding Medicaid to allow for coverage of children up to age 19 who were below 100% of the Federal Poverty Level (FPL) was approved on Friday, January 30, 1998. We began accepting applications for the Phase I Medicaid expansion on the following Monday, February 2, 1998.

On May 19, 1998, we submitted our first Title XXI Plan Amendment for the Children's Health Insurance Program. The amendment revised the Phase I budget for FY 1998 and FY 1999 and expanded the Alabama state plan to include Phase II, creation of the ALL Kids Insurance Program. The amendment also contained minor adjustment to a few of the original objectives and performance measures. The amendment was approved on August 18, 1998 and we began accepting applications for ALL Kids on September 1, 1998 with benefits beginning October 1, 1998.

B. Baseline Estimates

The State of Alabama will use data from the Southern Institute on Children and Families publication entitled "*Uninsured Children in the South, Second Report, November 1996*", which is based on the Census Bureau's Current Population Survey (CPS). (This is the same report that we used in our original plan application.) According to the Southern Institute's Report, there were 168,600 uninsured children in the state and of this number, 48,900 were between 101% - 200% of the FPL.

C. Progress Made in Reducing the Number of Uncovered, Low-income Children

The CHIP Phase I Medicaid Expansion began in February 1998. As of September 30, 1998, there were an additional 24,037 new children enrolled in the entire Medicaid program of which 7,977 children were enrolled in Phase I of CHIP. It is important to remember that children who have another insurance source may enroll in the regular SOBRA Medicaid program as long as they meet the financial requirements.

In September 1998 we began accepting applications for the CHIP Phase II ALL Kids Insurance program. As of September 30, 1998, we had enrolled 2,430 children in ALL Kids.

II. PROGRESS MADE TOWARD OUR STRATEGIC OBJECTIVES, PERFORMANCE GOALS, AND PERFORMANCE MEASURES

A. Objective I

The infrastructures of the Alabama Department of Public Health (ADPH) and the Alabama Medicaid Agency will be able to accommodate all critical facets of Phase I of Alabama's Title XXI Program. (Phase I is defined as expanding Medicaid Program eligibility to uninsured children who are less than 19 years of age, born on or before September 30, 1983, and who have family incomes equal to or less than 100% FPL.)

Performance Goal:

By February 1, 1998, the capacity within the Alabama Medicaid Agency, in the following critical areas, will be appropriately expanded to meet the target of enrolling approximately 12,000 children in Year I of Alabama's Title XXI Program: (1) data systems with regard to eligibility determination, enrollment, participant information, health service utilization, billing, health status, provider information, etc.; (2) personnel including eligibility workers, administrative staff, and support staff, (3) staff training, (4) publications/documents including program manuals, literature for program personnel, consumers and providers, etc.)

Progress Made:

1. The Alabama Medicaid Agency has worked with its fiscal agent and made appropriate system changes through a contract amendment. Additionally, The Alabama Medicaid Agency's information systems personnel were nearing completion of necessary modifications to other data systems at the end of this reporting period.
2. Prior to the implementation of the CHIP Phase I Medicaid expansion, Medicaid SOBRA had nine existing vacancies for SOBRA eligibility workers. With the anticipated implementation of Phase I, the Alabama

Medicaid Agency requested approval to replace the nine vacancies and to hire an additional 23 workers. The Alabama Medicaid Agency was granted approval to hire 23 total workers. Nine of those were placed in the already vacant positions. The remaining 14 were new positions to be used for the CHIP Phase I Medicaid expansion. These workers were hired and trained between January 1998 and March 1998. Location of the new workers was based on a chart of anticipated CHIP eligibles. The Alabama Medicaid Agency coordinated with ADPH on the placement of these workers. Space to house the workers was donated by ADPH and computers were purchased and installed in the new sites by ADPH.

3. In Attachment 1, we have provided dates of training for the Alabama Medicaid Agency employees and agency policies that have been put into place in The Alabama Medicaid Agency for Phase I of CHIP.

4. Attached (see Attachment 2) are provider letters, dates of provider trainings with agendas, employee newsletters, recipient letters, pamphlets, posters, and news releases that The Alabama Medicaid Agency sent out to publicize Phase I of the CHIP Program. In Attachment 1, we have provided dates of training for The Alabama Medicaid Agency's employees and policies that have been put into place in The Alabama Medicaid Agency for the CHIP program.

B. Objective 2

Previously uninsured children who may potentially be eligible for Alabama's Title XXI Program will be identified through ongoing outreach activities.

Performance Goal:

By February 1, 1999, mechanisms to conduct ongoing outreach will have been developed and implemented in the three broad areas (1) update/expansion of existing outreach activities; (2) activities to identify, enroll, and serve Alabama's growing qualified Hispanic population; (3) an increase in the number of eligibility workers so that at least 14,000 previously uninsured children will be identified as potential Title XXI eligibles in Phase I.

Progress Made:

1. Attached (see Attachment 2) are provider letters, employee newsletters, recipient letters, pamphlets, posters, and news releases that The Alabama Medicaid Agency sent out to publicize Phase I of CHIP. Specific mailouts were targeted to Medicaid-eligibles, including a brochure that accompanies the annual notice sent to families coming up

for recertification. The posters, brochures, and other materials were widely distributed to schools, other health and human service agencies, medical providers and their respective association and community-based advocacy organizations. A special simplified SOBRA application (see Attachment 2) was developed to enable families already in The Alabama Medicaid Agency data system to add a CHIP-eligible teen without having to submit a new application. A toll-free hotline to answer calls and direct potential eligibles to outstationed eligibility workers was well publicized. The Alabama Medicaid Agency closely coordinated with provider organizations including the state Hospital Association and the American Academy of Pediatrics, Alabama Chapter, to offer brochures and other information when potential eligibles come for care.

The Alabama Medicaid Agency initiated a work group including representatives from ADPH before the Alabama Legislature passed funding to implement CHIP in Alabama. Participants originally met weekly to plan a legislative strategy to pass the initial legislation giving the first year's state funding match for CHIP. It was from a recommendation of this group that the decision was initially proposed to begin CHIP with an expansion of Medicaid.

The work of this original group, now called the CHIP Work Group, was continued and expanded by ADPH once the Alabama Legislature gave the responsibility to ADPH to implement CHIP. Participants in the Work Group bring valuable information from their agencies and national associations and provide these same groups an opportunity for input into the planning process for CHIP. Representatives on the work group include The Alabama Medicaid Agency, ADPH, the Department of Education, the Department of Rehabilitation Services, the Department of Human Resources, the Department of Mental Health, the University of Alabama at Birmingham, the University of South Alabama, the Alabama Legislature, the State Employees' Insurance Board, the State Insurance Department, the Legislative Fiscal Office, the Legislative Reference Service, community health centers, HMOs, Federally-Qualified Health Centers, the Alabama Primary Care Association, Children's Health System (Children's Hospital in Birmingham), Blue Cross-Blue Shield of Alabama, other representatives of the insurance industry, representatives of the private medical community including the state pediatric association, the Alabama Hospital Association, the Alabama Dental Association, the Alabama Psychological Association, the Alabama Chapter of the American Academy of Family Physicians, and other interested businesses, associations and child health advocacy groups including Voices for Alabama's Children, Alabama Arise, the Alabama Child Caring Foundation, Children First, and Family Voices.

ADPH maintains a web site that has information regarding the Phase I and Phase II CHIP programs. Staff from ADPH have made numerous presentations to interested parties throughout the state.

In August, we launched a public relations campaign to kick off Phase II of CHIP, the ALL Kids Insurance Program. On August 25, 1998, the ALL Kids program held a pep rally/press conference on the steps of the State Capitol and at eight other sites around the state. The first 20 minutes, a live broadcast from the steps of the State Capitol, that included comments from the Governor and the Lieutenant Governor along with the State Health Officer and members of the CHIP commission, was fed by satellite to sites around the state. Following the broadcast, the other eight sites held press conferences for the local media with comments from local hospitals, health departments and pediatricians. Approximately 300 people attended in Montgomery. A mailout consisting of applications and brochures was sent to the school systems. The school systems were asked to send these home with the students. Attached are copies of letters, brochures, and news releases that were sent out (see Attachment 2).

2. ADPH, through its 67 county health departments, has set up procedures to provide interpreters and translation services (such as the ATT Language Line), and has provided Spanish Language and culture courses to local health department personnel across the state. Even though this is a statewide initiative, priority will be given to counties with the greatest documented increase of Hispanic children. The ALL Kids toll free information telephone line has at least one Spanish speaking employee. We are in the process of translating the combined ALL Kids and Medicaid application and the ALL Kids brochure into Spanish.

3. Prior to the implementation of the CHIP Phase I Medicaid expansion, Medicaid SOBRA had nine existing vacancies for SOBRA eligibility workers. With the anticipated implementation of Phase I, The Alabama Medicaid Agency requested approval to replace the nine vacancies and to hire an additional 23 workers. The Alabama Medicaid Agency was granted approval to hire 23 total workers. Nine of those were placed in the already vacant positions. The remaining 14 were new positions to be used for the CHIP Phase I Medicaid expansion. All Medicaid eligibility workers process applications for all Medicaid programs, including those for the Medicaid expansion funded by CHIP. These workers were hired and trained between January 1998 and March 1998. Location of the new workers was based on a chart of anticipated CHIP eligibles. The Alabama Medicaid Agency coordinated with ADPH on the placement of these workers.

C. Objective 3

Low-income children who were previously without health insurance coverage will have health insurance coverage through Alabama's Title XXI Program.

Performance Goal:

By October 1, 1999, 17,000 previously uninsured low-income children will have or have had health insurance coverage through Phase I CHIP.

Progress Made:

The CHIP Phase I Medicaid Expansion began in February of 1998. As of September 30, 1998, 24,037 additional children were enrolled in the Medicaid program, of which 7,977 children were enrolled in Phase I of CHIP. It is important to remember that children who have another insurance may enroll in the regular SOBRA Medicaid program as long as they meet the financial requirements.

D. Objective 4

Children enrolled in Alabama's Title XXI Program will have a usual source of health care.

Performance Goal:

By February 1, 1999, 100% of those children enrolled in Alabama's Title XXI Program (except those exempted from participation in managed care such as children in foster care) will have a medical home as evidenced by documented assignment of a provider for Phase I enrollees or a usual source of care for each child enrolled in ALL Kids.

Progress Made:

As of the end of September 1998, all children in Phase I of CHIP were enrolled in Patient 1st, a primary care case management (PCCM) system and were assigned to a gatekeeper physician. There are some exceptions to this: children in Mobile County, since they are enrolled in the BAY Health plan which provides a medical home for all enrollees; those children that are exempted from participation in managed care as mentioned previously; and children residing in the five counties that were not in Patient 1st until October or December of 1998. The ALL Kids program began enrolling children in September of 1998 and benefits began in October of 1998, therefore there is no data available regarding the usual source of care.

E. Objective 5

Alabama's Title XXI Program will improve the health status of children enrolled in the program as well as improve the overall health care system accessed through the program.

Performance Goal:

By February 1, 1999, the following health status and health care system measures for Alabama's Title XXI Program will show acceptable incremental improvements for at least the following data elements: immunization status, adolescent well visits, satisfaction with care.

Progress Made:

We have begun talks with representatives from the University of Alabama at Birmingham, School of Public Health regarding assisting us in evaluating CHIP. We also plan to work with the actuarial firm William M. Mercer, Inc. for professional consulting and actuarial insurance services to assist us in developing and implementing our evaluation process.

F. Objective 6

Health care coverage will be expanded as quickly as possible to children between 100% and 200% of the federal poverty level.

Performance Goals:

1. By August 1, 1998, health care coverage will be expanded to offer coverage for children between 100 and 200% of the federal poverty level in at least 1/3 of the counties in the state.
2. By May 1998, a plan to expand health care coverage to children between 100 and 200% of the federal poverty level will have been submitted to HCFA.
3. By April 1, 1999, a plan to insure access to specific services for children with special health care needs will have been developed. One reason the HMO with the largest commercial enrollment in the state was selected as the benchmark coverage is the numerous aspects within the package which will be advantageous to children with special health care needs such as rehabilitation services, home health services, durable medical equipment, skilled nursing care services and others. ADPH has already begun working with other State agencies and members of the CHIP Advisory Council to identify funds and services that could be included in a wrap around (plus) package for children with special health care needs. ADPH anticipates a future plan amendment to add this feature.

4. By October 1, 1999, 20,000 previously uninsured low-income children will have or have had health insurance coverage through ALL Kids.

Progress Made:

1. In September of 1998, we initiated Phase II of CHIP, which allowed us to offer coverage to children throughout the entire state who were between 100 and 200% FPL. We began receiving applications in September and benefits began October 1, 1998.

2. On May 19, 1998, we submitted our first Title XXI Plan Amendment for the Children's Health Insurance Program. The amendment revised the Phase I budget for FY 1998 and FY 1999 and expands the Alabama state plan to include Phase II, creation of the ALL Kids Insurance Program. The amendment also contained minor adjustment to a few of the original objectives and performance measures. Kick off for the ALL Kids Insurance Program was done in August of 1998 and we began accepting applications on September 1, 1998 with benefits to begin October 1, 1998.

3. The ALL Kids Plus Work Group met this summer to define potential services for ALL Kids Plus. We plan to submit a plan amendment to HCFA in the spring of 1999.

4. As of September 30, 1998, we had enrolled 2,430 children in the ALL Kids program.

Assurance of an Objective Means for Measuring Performance

ADPH will develop and/or direct the development of databases that do not currently exist. Since evaluation of some performance measures does not lend itself to a numeric summation, measurement of these aspects of the plan will be based on review of a completed work plan that requires conclusive documentation. All data and documentation will be auditable.

Progress Made:

As mentioned previously in the report, we have held discussions with representatives from the University of Alabama at Birmingham, School of Public Health regarding assisting us in evaluating the CHIP program. We also plan to work with the actuarial firm William M. Mercer, Inc. for professional consulting and actuarial insurance services to assist us in developing and implementing our evaluation process. HCIA, a subsidiary of William M. Mercer, Inc., plans to work with us on collecting and evaluating the data.

Measurement of Performance

Measure	Rough Definition of Measure	Progress Made
<i>Infrastructure</i>		
Data System Capacity	<ul style="list-style-type: none"> - Rejection rates for billable services. - Generation of timely, pertinent reports that have a high accuracy rate. 	<ul style="list-style-type: none"> -We plan to work with William Mercer, Inc. and their subsidiary, HCIA, on developing a system to capture this data. -We plan to work with UAB, Mercer, and HCIA on what types of reports we want to generate, how to collect the needed data, and how to evaluate the various reports.
Personnel Capacity	<ul style="list-style-type: none"> - No more than 900 cases per eligibility worker (1 case = approx. 2 enrollees) 	<p>At present, we are not meeting this goal. Prior to the implementation of the CHIP Phase I Medicaid expansion, Medicaid SOBRA had nine existing vacancies for SOBRA eligibility workers. With the anticipated implementation of Phase I, the Alabama Medicaid Agency requested approval to replace the nine vacancies and to hire an additional 23 workers. The Alabama Medicaid Agency was granted approval to hire 23 total workers. Nine of those were placed in the already vacant positions. The remaining 14 were new positions to be used for the CHIP Phase I Medicaid expansion. These workers were hired and trained between January 1998 and March 1998. Location of the new workers was based on a chart of anticipated CHIP eligibles. The Alabama</p>

		Medicaid Agency coordinated with ADPH on the placement of these workers.
Training	- Documentation that 100% of eligibility workers, administrative staff and outreach/case managers responsible for any aspect of implementation of the program, have received training regarding the program and their implementation responsibilities.	<p>-In Attachment 1, we have provided dates of training for The Alabama Medicaid Agency's employees and policies that have been put into place in The Alabama Medicaid Agency for CHIP.</p> <p>-In addition, The Alabama Medicaid Agency has trained the ALL Kids' eligibility workers.</p> <p>-ADPH held two satellite conferences to train public health employees and other interested persons regarding the ALL Kids program.</p> <p>-ADPH has developed and have begun to distribute training video tapes for specific provider types (pediatricians, family practitioners, dentists, emergency room physicians, and pharmacists).</p>
<i>Effectiveness of Care</i>		
Adolescent health promotion counseling	% of 16-year-olds who receive health promotion counseling/education by their 16th birthday.	We plan to work with UAB, Mercer, and HCIA on how to evaluate this measure.
<i>Satisfaction with the Experience of Care</i>		
Provision of	At least 12,000 previously	As of September 30, 1999

Medicaid coverage to previously uncovered children	uninsured, low- income children will be enrolled in Alabama's Title XXI Program by 10/1/98.	there were 7,977 children enrolled in the CHIP Phase I Medicaid Expansion.
<i>Medical Home</i>		
One primary medical provider (or provider site) for each enrollee	Documentation of assignment of a primary medical provider to each child enrolled in Phase I of the program and documentation of a usual source of care for each child enrolled in ALL Kids.	As of the end of September 1998, all children in CHIP Phase I were enrolled in Patient 1st, a primary care case management (PCCM) system and were assigned to a gatekeeper physician. There are some exceptions to this: children in Mobile County, since they are enrolled in the BAY Health plan which provides a medical home for all enrollees; those children that are exempted from participation in managed care as mentioned previously; and children residing in the five counties that were not in Patient 1st until October or December of 1998. The ALL Kids program began enrolling children in September of 1998 and benefits began in October of 1998, therefore there is no data available regarding the usual source of care.
<i>Effectiveness of Care</i>		
Adolescent immunization status	% of 13-year-olds who received a second dose of MMR.	We plan to work with UAB, Mercer, and HCIA on how to evaluate this measure.
<i>Infrastructure</i>		

Publications/ Documents	<p>- 100% of program manuals and literature for program personnel, literature for consumers and literature for providers will contain up-to-date information (as appropriate to the document) regarding the program, its rules and regulations, and pertinent Departmental policies; will be written at appropriate grade levels; and will reach eligibles and providers. Documents will be translated, as appropriate, into Spanish.</p>	<p>-Attached (see Attachment 2) are provider letters, employee newsletters, recipient letters, pamphlets, posters, and news releases that The Alabama Medicaid Agency sent out to publicize Phase I of CHIP. In Attachment 1, we have provided dates of training for The Alabama Medicaid Agency's employees and policies that have been put into place in The Alabama Medicaid Agency for CHIP.</p> <p>-The combined ALL Kids and Medicaid application and the ALL Kids are being translated into Spanish.</p>
<i>Outreach</i>		
Identification of eligible children	<p>- At least 13,000 children will be assessed for eligibility in Alabama's Title XXI Program during Year I.</p>	<p>As of September 30, 1998 there were 7,977 children enrolled in the CHIP Phase I Medicaid expansion, approximately 8,730 children had been assessed for ALL Kids eligibility and 2,430 children had been enrolled in the ALL Kids program.</p>
<i>Insurance Coverage/Expansion of coverage</i>		
Patient or parent perception of care	<p>- % of patients or parents who perceive the experience of care as meeting their needs with regard to timeliness.</p>	<p>We plan to work with UAB, Mercer, and HCIA on how to evaluate this measure.</p>

	<p>- % of patients or parents who perceive the experience of care as meeting their needs with regard to quality.</p> <p>- % of patients or parents who perceive the experience of care as meeting their needs with regard to accessibility.</p>	
<i>Use of Services</i>		
Middle and Older Adolescent well-child visits	% of members who were aged 14-18 years during the reporting period who had at least one comprehensive well-child visit with a primary care provider during the reporting year.	We plan to work with UAB, Mercer, and HCIA on how to evaluate this measure

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

9.3.1. **X** The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

Progress Made:

We plan to work with UAB and Mercer on developing a means to evaluate this measure, but we would also like technical assistance on how to calculate the baseline.

9.3.2. **X** The reduction in the percentage of uninsured children.

Progress Made:

We plan to work with UAB and Mercer on developing a means to evaluate this measure.

9.3.3. **X** The increase in the percentage of children with a usual source of care.

Progress Made:

As of the end of September 1998, all children in CHIP Phase I were enrolled in Patient 1st, a primary care case management (PCCM) system and were assigned to a gatekeeper physician. There are some exceptions to this: children in Mobile County, since they are enrolled in the BAY Health plan which provides a medical home for all enrollees, those children that are exempted from participation in managed care as mentioned previously, and children residing in the five counties that were not in Patient 1st until October or December of 1998. The ALL Kids program began enrolling children in September of 1998 and benefits began in October of 1998, therefore there is no data available to evaluate.

9.3.5 **X** HEDIS Measurement Set relevant to children and adolescents younger than 19.

Progress Made:

We plan to work with UAB and Mercer on developing a means to evaluate this measure.

9.3.7. **X** If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

9.3.7.1. **X** Immunizations

9.3.7.2. **X** Well child care

9.3.7.3. **X** Adolescent well visits

9.3.7.4. **X** Satisfaction with care

Progress Made:

We plan to work with UAB and Mercer on developing a means to evaluate this measure.

9.9. Describe the process used by the State to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c))

Progress Made:

Efforts have been made to make the process of developing the design and implementation of the Children's Health Insurance Program inclusive. News coverage about the Children's Health Insurance Program has been provided regularly since the issue came before the Alabama Legislature.

The Alabama Medicaid Agency initiated a work group including representatives from ADPH before the Alabama Legislature passed funding to implement CHIP in Alabama. Participants originally met weekly to plan a legislative strategy to pass the initial legislation giving the first year's state funding match for CHIP. It was from a recommendation of this group that the decision was initially proposed to begin CHIP with an expansion of Medicaid.

The work of this original group, now called the CHIP Work Group, was continued and expanded by ADPH once the Alabama Legislature gave the responsibility to ADPH to implement CHIP. Participants in the Work Group bring valuable information from their agencies and national associations and provide these same groups an opportunity for input into the planning process for CHIP. Representatives on the work Group include The Alabama Medicaid Agency, ADPH, the Department of Education, the Department of Rehabilitation Services, the Department of Human Resources, the Department of Mental Health, the University of Alabama at Birmingham, the University of South Alabama, the Alabama Legislature, the State Employees' Insurance Board, the State Insurance Department, the Legislative Fiscal Office, the Legislative Reference Service, community health centers, HMOs, Federally-Qualified Health Centers, the Alabama Primary Care Association, Children's Health System (Children's Hospital in Birmingham), Blue Cross-Blue Shield of Alabama, other representatives of the insurance industry, private medical community including the state pediatric association, the Alabama Hospital Association, the Alabama Dental Association, the Alabama Psychological Association, the Alabama Chapter of the American Academy of Family Physicians, and other interested businesses, associations and child health advocacy groups including Voices for Alabama's Children, Alabama Arise, the Alabama Child Caring Foundation, Children First, and Family Voices.

ADPH maintains a web site that has information regarding Phase I and Phase II of CHIP. Staff from ADPH have made numerous presentations to interested parties throughout the state.

The Alabama program will continue to inform the general public about CHIP through the news media, to announce planning meetings, and to invite additional groups with an interest in being involved or informed as they become identified.

II. BARRIERS TO EFFECTIVE IMPLEMENTATION

A. Barriers to Data Collection

1. Due to the threat of the Year 2000 computer problems, the personnel that would usually be relied on to assist us in developing programs to collect the required data are not available.
2. The data required for the “Statistical Information Management System” is beyond the scope of the current data collection system for The Alabama Medicaid Agency.
3. Due to the short time frame ADPH was unable to collect the data required for the “Statistical Information Management System”.

B. Technical Assistance Needs

1. We respectively request technical assistance to train our employees on the use of the “Statistical Information Management System” and the definitions of the terms used in the report.
2. We respectively request technical assistance in the development of data collection systems for both The Alabama Medicaid Agency and ADPH in order to comply with the “Statistical Information Management System” requirements.
3. We respectively request technical assistance in developing baseline estimates for health status and health care system measures.
4. We respectively request technical assistance in establishing the number of Medicaid-eligible children in our state.

III. ADDITIONAL PROGRAM INDICATOR DATA

As this is a new program, we are certain there will be numerous indicators that we will want to look at as the program progresses. As we have mentioned earlier in this report, we are discussing plans for the development of an evaluation process with UAB, School of Public Health and Mercer. It is our hope that these two entities (who have experience in evaluating health insurance programs) will be able to assist us in developing data collection capacities that will enable us to adequately evaluate our program, especially in the areas of outreach and effectiveness of care. We will use data that we are collecting from the application forms along with information from the pediatric health history, claims data, and other systems as they are developed.

In an effort to increase the number of eligible children enrolled in CHIP, we have developed one application that can be used for the Medicaid SOBRA program, the CHIP Medicaid expansion, and the ALL Kids program. All applications received by the ALL Kids program that appear to be eligible for either the Medicaid SOBRA program or the CHIP Medicaid expansion are hand carried to the State Medicaid office for review. The same applies to any applications received by The Alabama Medicaid Agency that appear to be eligible for the ALL Kids program.

Blue Cross/Blue Shield of Alabama (BC/BS) insures the largest percentage of covered lives in Alabama. Therefore, we are developing an audit system with BC/BS to evaluate "crowd out". ALL Kids will be the first program to use the Health Care Information Network to screen applicants for other sources of health insurance.